



# ORAL ONCOLOGY/SELECT ADJUNCT - Patient Enrollment/Order Form

Complete form in its entirety and fax to number listed below

## 1 PATIENT INFORMATION

Last Name		First Name	Middle Initial
Date of Birth	Sex M <input type="checkbox"/> F <input type="checkbox"/>	Medicaid ID #	
Allergies: <input type="checkbox"/> NKA or _____			
Street Address		City	
State	County	Zip Code	
Home Phone		Cell Phone	
Parent/Guardian		Day Telephone	Night Telephone
Emergency Contact		Relationship	Telephone

## 2 PRESCRIBER INFORMATION

Prescriber's Name		NPI Number	DEA Number
Telephone Number	Fax Number	Hospital/Clinic Name	
Street Address		City	
State	County	Zip Code	
Contact Person at Office		Prescriber Specialty	



**Fax Completed Form to:**  
**Fax Number: 866-364-2673**   
**Phone Number: 800-327-1392**

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## Office of Vermont Health Access PRESCRIPTION ORAL ONCOLOGY/SELECT ADJUNCT

Patient Diagnosis: \_\_\_\_\_

BSA(m<sup>2</sup>) \_\_\_\_\_ Patient height (cm) \_\_\_\_\_ Patient weight(kg) \_\_\_\_\_

- ☐ Maintenance Therapy # of Refills \_\_\_\_\_
- ☐ Cycle Specific Therapy NO REFILLS Cycle # \_\_\_\_\_
- ☐ Treatment / Dosage Change Reason : ☐ Toxicity ☐ Progression of Disease  
☐ Change in BSA ☐ Other: \_\_\_\_\_

MEDICATION	Normalized Dose (mg/m <sup>2</sup> , mg/kg, etc.)	Strength/ Frequency/ Route of Administration	QTY
<input type="checkbox"/> ARIMIDEX*			
<input type="checkbox"/> AROMASIN*			
<input type="checkbox"/> CASODEX			
<input type="checkbox"/> FEMARA*			
<input type="checkbox"/> GLEEVEC			
<input type="checkbox"/> HEXALEN			
<input type="checkbox"/> LUPRON DEPOT*			
<input type="checkbox"/> MERCAPTOPYRINE*			
<input type="checkbox"/> MESNEX			
<input type="checkbox"/> NEULASTA*			
<input type="checkbox"/> NEUPOGEN*			
<input type="checkbox"/> SPRYCEL			
<input type="checkbox"/> SUTENT			
<input type="checkbox"/> TARCEVA			
<input type="checkbox"/> TEMODAR			
<input type="checkbox"/> TRETINOIN			
<input type="checkbox"/> VESANOID			
<input type="checkbox"/> XELODA			
Other:			
Additional RX Instructions:			

Prescriber's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* Not required to use ICORE

Last Updated 09/2009